



Application form care needs

On my flight, I would like to obtain assistance free of charge:

Surname, First name	<input type="text"/>
Accompanying person	<input type="text"/>
My e-mail	<input type="text"/>

Flight Details

Booking reference

Date	Departure airport	Arrival airport	Flight number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	Return departure airport	Return arrival airport	Flight number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Passenger who cannot walk up or down stairs (Technical term = WCHS)

I take my oxygen bottle with me (max. 5 kg)

I take an assistance animal with me Type of animal Weight

I take an animal with me for emotional support Type of animal Weight

I am blinde (BLND)

I am deaf (DEAF)

I am mute (MUTE)

Accompanying person for people with intellectual disabilities

Surname, First name	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	E-mail	<input type="text"/>

All assistance are provided free of charge. In addition, we reserve a seat for you and one accompanying person.

Please note that early registration is necessary to ensure a smooth process at the check in.

Please send the form to the e-mail address: servicecenter@chair.ch